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Image# 13942519170

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Author	ized Committee	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
LIFEPOINT HOSPITAL	S INC GOOD GOVERI	NMENT FUND		
ADDRESS (number and street)	103 POWELL COURT SUITE 20	00		
Check if different than previously reported. (ACC)	BRENTWOOD		TN 370	27
2. FEC IDENTIFICATION NU	MBER ▼ CITY ▲		STATE A	ZIP CODE ▲
C C00347955	3. IS THE	~	AMENDEI (A)	D
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q: July 15 Quarterly Report (Q: Quarterly Report (Q: January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Election Report for the: (d) 30-Day	(M3) Jun 20 (M6) (M4) Jul 20 (M7) Primary (12P) Convention (12C) General (30G)	Aug 20 (M8 Sep 20 (M9 Oct 20 (M10 General (12G) Special (12S) Runoff (30R)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 10	01 2013	through 10	312	2013
I certify that I have examined thing type or Print Name of Treasurer		knowledge and belief it is tr	ue, correct and comp	lete.
Signature of Treasurer Penny	Brake		Date 11	18 2013
NOTE: Submission of false, errone Office	ous, or incomplete information ma	ay subject the person signing		
Use			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

2013 10 2013 Report Covering the Period: 10 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 114613.36 January 1, 2013 (b) Cash on Hand at 155205.05 Beginning of Reporting Period..... 124568.50 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 155205.05 239181.86 6(a) and 6(c) for Column B)..... 9014.69 92991.50 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 146190.36 146190.36 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees		100.00		
(i) Itemized (use Schedule A)	0.00	111408.50		
(ii) Unitemized	0.00	10560.00		
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	121968.50		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	0.00	121968.50		
Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
=				
All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	7 7 7	3.00		
to Federal Candidates and Other				
	0.00	2600.00		
Political Committees	0.00	2000.00		
Other Federal Receipts	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account	0.00			
(from Schedule H3)	0.00	0.00		
	200			
(b) Levin Funds (from Schedule H5)	0.00	0.00		
() = = . () () () () () ()				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d),	 			
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	124568.50		
Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	0.00	124568.50		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Allocated Federal/Non-Federa		Calelidai Teal-to-Date	
Activity (from Schedule H4)	ai		
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating			
Expenditures	14.69	210.50	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))		210.50	
Transfers to Affiliated/Other Party		0.00	
Committees Contributions to		0.00	
Federal Candidates/Committees and Other Political Committees		68600.00	
Independent Expenditures	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures		0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
\			
Loan Repayments Made		0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	3.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c)	0.00	0.00	
0.1. 5:1		24404.00	
Other Disbursements	500.00	24181.00	
Federal Election Activity (2 U.S.C	c. §431(20))		
(a) Allocated Federal Election Ad			
(from Schedule H6)			
(i) Federal Share		0.00	
(ii) III aviinII Cl	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	7 7	0.00	
With Federal Funds		0.00	
(c) Total Federal Election Activity			
Lines 30(a)(i), 30(a)(ii) and 3	30(b))▶ 0.00	0.00	
Total Disbursements (add Lines 2	21(c) 22		
23, 24, 25, 26, 27, 28(d), 29 and		92991.50	
-,,,,,,,,,,		32331.30	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 3		2000:	
from Line 31)	9014.69	92991.50	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	121968.50	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	121968.50	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14.69	210.50	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	14.69	210.50	

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 6 OF 9				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBET.			
TI EIMIZED DIODONOLINIENTO	for each category of the Detailed Summary Page	`X 21b	22 23 24 25	26		
	Dotanos Guillinary i age	27	28a 28b 28c 29	30b		
Any information copied from such Reports and Staten						
or for commercial purposes, other than using the nam	ne and address of any polition	cal committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		FLIND				
$ \hspace{.05cm} angle$ LIFEPOINT HOSPITALS INC GOC	DD GOVERNMEN I	FUND				
Full Name (Last, First, Middle Initial)						
A. Regions (formerly AmSouth)			Date of Disbursement			
Mailing Address 045 D. J. J. D.			M M / D D / Y Y Y Y	1		
Mailing Address 915 Deaderick Street			10 09 2013			
City	State Zip Code		Transaction ID - CD24D 2042			
Nashville	TN 37237		Transaction ID : SB21B.8842			
Purpose of Disbursement account analysis charge			Amount of Each Disbursement this Peri	iod		
Candidate Name		0.1	Amount of Each Disbursement this Fen	lou		
		Category/ Type	14.69)		
Office Sought: House Disburser	nent For:					
	Primary General					
State: President	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
	M M / D D / Y Y Y					
Mailing Address						
City	State Zip Code					
	,					
Purpose of Disbursement	Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Per	loa		
Canadate Name		Category/ Type				
Office Sought: House Disbursen	nent For:	71				
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
			M = M / D = D / Y = Y = Y	1		
Mailing Address						
City	City State Zip Code					
Purpose of Disbursement						
Candidate Name			Amount of Each Disbursement this Per	iod		
		Category/ Type				
Office Sought: House Disburser	nent For:	> r -		_		
	Primary General					
President District:	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			14.69			
				#		
TOTAL This Period (last page this line number only)			14.69			

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Use separate schedule(s) for each category of the Detailed Summary Page Summary Page	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 9						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND Full Name (Last, Frist, Middle Initial) A. CAPITO FOR WEST VIRGINIA Mailing Address PD BOX 11519 City State Zp Code CHARLESTON WV 25339 Purpose of Disbursement fund raiser Candidate Name SHELLEY MOORE CAPITO Office Sought: House President President CHARLES I First, Middle Initial) B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC. Mailing Address P.O. BOX 11081 City State Zp Code CHATTANOGA Th 37401 Purpose of Disbursement fund raiser CHARLES I FLEISCHMANN Office Sought: President Disbursement For: 2014 President Disbur	IT	ITEMIZED DISPUDSEMENTS Use separate schedule(s) (che		(check only one)						
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of sny political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) A. CAPITO FOR WEST VIRGINIA Mailing Address PO BOX 11519 City State Zip Code CHARLESTON WV 25339 Purpose of Disbursement for 2014 President Other (specify) ▼ State: WV Disfract Other (specify) ▼ Full Name (Last, First, Middle Initial) B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC. Mailing Address P.O. BOX 11081 City State: TN 37401 Purpose of Disbursement fund raiser Candidate Name CHARLES J FLEISCHMANN Office Sought: House Separate S										
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SHELLEY MOORE CAPITO Office Sought:		<u> </u>		20000						
SHELLEY MOORE CAPITO Office Sought: House Disbursement For: 2014 Frimary General						Amount o	f Each Dis	sbursemen	t this F	Period
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State: WV District: 00 Full Name (Last, First, Middle Initial) B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC. Mailing Address P.O. BOX 11091 City State Zip Code CHATTANOOGA TN 37401 Purpose of Disbursement Individualser Candidate Name C. Category/ Other (specify) Type Office Sought: State Zip Code OR 97208 PORTLAND OR 97208 Portland OR 97208 Portland OR 97208 Portland Or Seanate President State: Disbursement For: General Primary General Other (specify) Type Office Sought: House Disbursement Category/ Type Office Sought: Or Seanate President State: Disbursement For: General President State: Disbursement For: Seanate Primary General President State: Disbursement For: Seanate Primary General President State: Disbursement For: Seanate Primary General President State: District: Other (specify) Type Subbotal of Disbursements This Page (optional)			ont Ec-	2014	Туре		7	7	300	.50
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Mailing Address P.O. BOX 11091 City State Zip Code TN 37401 Purpose of Disbursement fund raiser Candidate Name CHARLES J FLEISCHMANN Office Sought: House Senate President State: TN District: 03 Full Name (Last, First, Middle Initial) City State Zip Code PORTLAND OR 97208 Purpose of Disbursement this Period Transaction ID : SB23.8852 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Transaction ID : SB23.8852 Amount of Each Disbursement this Period Date of Disbursement Transaction ID : SB23.8852 Amount of Each Disbursement To 10 Date of Disbursement Transaction ID : SB23.8852 Amount of Each Disbursement To 2500.00 Transaction ID : SB23.8852 Amount of Each Disbursement Transaction ID : SB23.8852 Amount of Each Disbursement this Period Category/ Type Disbursement For: Category/ Type Transaction ID : SB23.8852	_	,								
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City CHATTANOGA TN 37401 Purpose of Disbursement fund raiser CHARLES J FLEISCHMANN Office Sought:		Mailing Address P.O. POV 11001								Υ
CHATTANOGA TN 37401 Purpose of Disbursement fund raiser Candidate Name CHARLES J FLEISCHMANN Office Sought: House Senate Primary General President State: TN District: 03 Full Name (Last, First, Middle Initial) Ct. HOLDING ONTO OREGON'S PRIORITIES Mailling Address PO BOX 3314 City State Zip Code OR 97208 PORTLAND OR 97208 Portland raiser Candidate Name Category/ Type Transaction ID : SB23.8843 Amount of Each Disbursement this Period Transaction ID : SB23.8852 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB23.8842 Amount of Each Disbursement Transaction ID : SB23.8852 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)		Maining Address P.O. BOX 11091				10	20		313	_
CHATTANOGGA Purpose of Disbursement fund raiser Candidate Name CHARLES J FLEISCHMANN Office Sought: State: TN District: 03 Full Name (Last, First, Middle Initial) C. HOLDING ONTO OREGON'S PRIORITIES Mailing Address PO BOX 3314 City PORTLAND Purpose of Disbursement fund raiser Candidate Name Category/ Type Date of Disbursement Transaction ID: SB23.8843 Amount of Each Disbursement this Period Transaction ID: SB23.8843 Amount of Each Disbursement Transaction ID: SB23.8843 Amount of Each Disbursement Transaction ID: SB23.8843 Amount of Each Disbursement Transaction ID: SB23.8843 Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate President State: District: SUBTOTAL of Disbursements This Page (optional)						Transac	ction ID : S	SB23.8852		
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